

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

**CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP**

FILING FEE: \$100

The undersigned, on behalf of the limited partnership named below, hereby certifies that:

1. The name of the limited partnership is: _____
2. The date of filing the certificate is: _____
3. The effective date of cancellation if it is not to be effective upon filing of the certificate is: _____
4. The reason for filing the certificate of cancellation:
5. Any other information the general partners filing the certificate determine.
6. The undersigned are all of the general partners of the limited partnership

Dated: _____

(General Partner)

(General Partner)

(General Partner)

The certificate of cancellation must be signed by all general partners

Submit one original and one exact or conformed copy.